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**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)**

Docket No. (Optional)  
HMSU-P11-006

In re Application of Ingham et al

Application Number

08/954771

Filed

October 20, 1997

For: VERTEBRATE EMBRYONIC PATTERN-INDUCING PROTEINS  
AND USES RELATED THERETO

Group Art Unit 1646

Examiner

M. Brannock

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- |   |           |
|---|-----------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ 110.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))           | \$        |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))         | \$        |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))          | \$        |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))          | \$        |

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-1945. I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record.

☒ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a)

P54,408

June 25, 2003

Date

Signature

Melissa S. Rones

Typed or Printed Name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ 1 forms are submitted.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 6/25/03

Signature: *Hynd* (Ginny Blundell)

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PTO/SB/17 (01-03)  
Approved for use through 04/30/2003. OM# 0651-0032  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$): 110.00

## Comp'l to be Known

Application Number: 08/954771  
Filing Date: October 20, 1997  
First Named Inventor: Philip W. Ingham  
Examiner Name: M. Brannock  
Group Art Unit: 1646  
Attorney Docket No.: HMSU-P11-006

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account

Deposit Account Number: 18-1945

Deposit Account Name: Ropes & Gray LLP

The Commissioner is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65			Surcharge - late filing fee or oath	
1052	50	2052	25			Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130			Non-English specification	
1812	2,520	1812	2,520			For filing a request for ex parte reexamination	
1804	920*	1804	920*			Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*			Requesting publication of SIR after Examiner action	
1251	110	2251	55			Extension for reply within first month	110.00
1252	410	2252	205			Extension for reply within second month	
1253	930	2253	465			Extension for reply within third month	
1254	1,450	2254	725			Extension for reply within fourth month	
1255	1,970	2255	985			Extension for reply within fifth month	
1401	320	2401	160			Notice of Appeal	
1402	320	2402	160			Filing a brief in support of an appeal	
1403	280	2403	140			Request for oral hearing	
1451	1,510	1451	1,510			Petition to institute a public use proceeding	
1452	110	2452	55			Petition to revive - unavoidable	
1453	1,300	2453	650			Petition to revive - unintentional	
1501	1,300	2501	650			Utility issue fee (or reissue)	
1502	470	2502	235			Design issue fee	
1503	630	2503	315			Plant issue fee	
1460	130	1460	130			Petitions to the Commissioner	
1807	50	1807	50			Processing fee under 37 CFR 1.17(g)	
1806	180	1806	180			Submission of Information Disclosure Stmt	
8021	40	8021	40			Recording each patent assignment per property (limits number of properties)	
1809	750	2809	375			Filing a submission after final rejection (37 CFR 1.129(a))	
1810	750	2810	375			For each additional invention to be examined (37 CFR 1.129(b))	
1801	750	2801	375			Request for Continued Examination (RCE)	
1802	900	1802	900			Request for expedited examination of a design application	
Other fee (specify)							
*Reduced by Basic Filing Fee Paid							
SUBTOTAL (3) (\$): 110.00							

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375			Utility filing fee	
1002	330	2002	165			Design filing fee	
1003	520	2003	260			Plant filing fee	
1004	750	2004	375			Reissue filing fee	
1005	160	2005	80			Provisional filing fee	
SUBTOTAL (1) (\$): 0.00							

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1202	18	2202	9			Claims in excess of 20	
1201	84	2201	42			Independent claims in excess of 3	
1203	280	2203	140			Multiple dependent claim, if not paid	
1204	84	2204	42			** Reissue independent claims over original patent	
1205	18	2205	9			** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$): 0.00							
**or number previously paid, if greater; For Reissues, see above							

## SUBMITTED BY

Name (Print/Type): Melissa S. Rones  
Registration No. (Attorney/Agent): P54,408  
Telephone: (617) 951-7653  
Signature: [Signature]  
Date: June 25, 2003

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 6/25/03 Signature: [Signature] (Ginny Blundell)